

From: Weston Black <westonjblack@gmail.com>
Date: March 5, 2015 at 7:52:35 PM CST
To: Rebecca Luna <myrebeccaluna@yahoo.com>
Cc: Jesse Head <Jessethead@gmail.com>, Leslie Luttrell <luttrellleslie@gmail.com>, Chad Southard <southardconsulting@gmail.com>
Subject: Omni Plus Therapeutic Interchange Form

Rebecca,

Per our conversation, please start having all providers (existing and new) sign the attached TIA. It should be submitted via email to Chad (copy the executive team) with the provider registration form for new providers / independently for existing providers. I'll be addressing this on the next team call as well. Good luck with your meeting tomorrow. Let us know how we can help.

All Compounders are under increased scrutiny from the PBM's. A specific area of contention is compound substitution. In order for Omni to effectively address substitution we are required to have a Therapeutic Exchange Form from your physicians on file. This document protects the physician, the pharmacy and you. From an efficiency standpoint it allows compound substitution to take place quickly with no associated delay in processing of prescriptions. Absent this document, delays of this nature impact the patient directly, and create a situation where the Pharmacist has to contact your physicians to gain permission for substitution. Physicians do not appreciate being contacted in this manner as it impedes their workflow greatly. We at Omni would sincerely appreciate your cooperation in satisfying this requirement and returning these documents to us. Instructions are provided below, and the document is attached to this communication.

Should you require any information on how to complete the TIA, please read below:

Page 1 Checklist:

✓ Prescriber needs to fill out first sentence with Name and License#.
Please see text from TIA below:

As a provider who holds an active license to practice medicine as
authorized by the appropriate state medical board, I,

State License Number: _____ ("Prescriber"), authorize
the pharmacist-in-charge ("PIC") of OmniPlus Pharmacy, or other
pharmacists working under the supervisions of the PIC, all

of whom are duly licensed by the Texas State Board of Pharmacy
(each a "Pharmacist"), to manage and/or treat patients under my
care pursuant to this written order from me (this "Authorization")

✓ Prescriber needs to fill out Prescriber demographics. Please see text
from TIA below:

Prescriber:

By: _____

Print Name: _____

Date: _____

Practice Name: _____

Address: _____ City, State,

Zip: _____

Phone: _____ Fax: _____

✓ Prescriber needs to initial and date all 3 pages of Exhibit A. Please see
text from TIA below:

Exhibit A. Page 1 Checklist:

[REDACTED]

Prescriber Initials Date

Exhibit A. Page 2 Checklist:

[REDACTED]

Prescriber Initials Date

Exhibit A. Page 3 Checklist:

[REDACTED]

Prescriber Initials Date

Thanks,

Weston J. Black

214.244.4279

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WJB

214.244.4279

EXHIBIT A

Page 2 of 3

Metabolic Supplements

Originally Prescribed:

- MS-21 (Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg)
- MS-22 (Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU)

Substitution:

- MS-1 (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU) OR

Cash Substitution:

- DA-2 (Pyridoxal 5 Phosphate 70 mg, Methylcobalamin 20 mg , Riboflavin 200 mg, Resveratrol 100mg, 5-MTHF 3mg)

Originally Prescribed:

- MS-31 (Resveratrol Powder 100mg, Piperine 20mg)
- MS-32 (Hydroxocobalamin 20mg, Coenzyme Q10 100mg, Alpha Lipoid Acid 250mg, Vitamin D3 1,000IU)

Substitution:

- MS-1 (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU) OR

Cash Substitution:

- DA-2 (Pyridoxal 5 Phosphate 70 mg, Methylcobalamin 20 mg , Riboflavin 200 mg, Resveratrol 100mg, 5-MTHF 3mg)

Originally Prescribed:

- MS-81 (Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg, Resveratrol 100mg, Piperine 10mg)
- MS-82 (Coenzyme Q10 100mg, Alpha Lipoic Acid 125mg, N-Acetylcysteine 250mg, Vitamin D3 1,000 IU, Resveratrol 100mg, Piperine 10mg)

Substitution:

- MS-1 (Coenzyme Q10 75mg, Alpha Lipoic Acid 50mg, N-Acetylcysteine 250mg, Vitamin D3 1,000IU) OR

Cash Substitution:

- DA-2 (Pyridoxal 5 Phosphate 70 mg, Methylcobalamin 20 mg, Riboflavin 200 mg, Resveratrol 100mg, 5-MTHF 3mg)

Originally Prescribed:

- KP-1 (Melatonin 3mg, Methylcobalamin 5mg, Acetylcysteine 125mg, Glutathione 50mg, Diphenhydramine 20mg, 5-HTP 150mg)

Cash Substitution:

- DA-1 (Melatonin 3mg, Glutathione 50mg, Acetylcysteine 125mg, Diphenhydramine 25mg)

Originally Prescribed:

- ADP-6 (Methylcobalamin 20mg, Coenzyme Q10 75mg, 5-HTP 100mg, Acidophilus 100mg, Bupropion 50mg, Psyllium Husk 100mg)

Cash Substitution:

- DA-6 (Coenzyme Q10 75mg, 5-HTP 50mg, Bupropion 50mg, Psyllium Husk 150mg, Acidophilus 100mg)

Originally Prescribed:

- KP-71 (Vitamin D3 20mg, Magnesium Oxide 400mg, Zinc Gluconate 69.6mg, Boron 1mg, Copper Gluconate 7.14mg, Betaine 25mg, Coenzyme Q10 100mg, 5-MTHF 5mg)

Cash Substitution:

- DA-71 (Vitamin D3 30mg, Magnesium Oxide 400mg, Zinc Gluconate 69.6mg, Copper Gluconate 7.14mg, Betaine 25mg, Coenzyme Q10 50mg)

Prescriber Initials

Date

Pharmacist Initials

Date

EXHIBIT A

Page 3 of 3

Specialty Formulations

Originally Prescribed:

- DERM-2 TOPICAL ANTIFUNGAL CREAM (Fluticasone 1%, Fluconazole 2%, Pentoxifylline 0.5%, Lidocaine 2%, Hydroxyzine 2%)

Substitution:

- ALT DERM-3 (Fluconazole 2%, Urea 15%, Triamcinolone 0.1%)

Cash Substitution:

- DA-ALT DERM-2 (Fluconazole 2%, Pentoxifylline 0.5%, Lidocaine 2%, Hydroxyzine 2%, Triamcinolone 0.1%)

Originally Prescribed:

- MIGRAINE (Topiramate 5%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Flurbiprofen 10%, Apomorphine 0.2%)

Substitution:

- ALT MGL-1B (Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Apomorphine 0.1%, Indomethacin 5%, Amitriptyline 2%)

Cash Substitution:

- DA-MGN (Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%, Apomorphine 0.1%, Ibuprofen 5%, Amitriptyline 2%)

Originally Prescribed:

- DERM-7 PLANTAR FASCIITIS (Diclofenac 5%, Baclofen 2%, Fluticasone 1%, Lidocaine 2%, Verapamil Hydrochloride 10%)

Substitution:

- ALT DERM-7 (Ibuprofen 5%, Triamcinolone 0.1%, Verapamil 5%, Lidocaine 2%, Baclofen 2%)

Cash Substitution:

- DA-7 (Baclofen 2%, Lidocaine 4%, Ibuprofen 5%, Triamcinolone 0.05%)

Originally Prescribed:

- DERM-5 CONTACT DERMATITIS/ECZEMA (Fluticasone 1%, Coenzyme Q10 4%, Methylcobalamin 0.07%)

Cash Substitution:

- DERM-5B SPEC (Triamcinolone 0.1%, Methylcobalamin 0.07%, Coenzyme Q10 4%)
- DA-Eczema (Tranilast 4%, Cyanocobalamin 0.07%, Mometasone Powder 0.05%)

Originally Prescribed:

- DERM-5 CONTACT DERMATITIS/ECZEMA WITH PAIN (Fluticasone 1%, Coenzyme Q10 4%, Methylcobalamin 0.07%, Lidocaine 2%, Hydroxyzine 2%)

Cash Substitution:

- DERM-5B SPEC WITH PAIN (Triamcinolone 0.1%, Methylcobalamin 0.07%, Coenzyme Q10 4%, Lidocaine 2%, Hydroxyzine 2%)
- DA-ECZEMA (Tranilast 4%, Cyanocobalamin 0.07%, Mometasone Powder 0.05%)

Originally Prescribed:

- TX ACNE 3B (Niacinamide 5%, Urea 20%, Tea Tree Oil 3%, Erythromycin 2%, Benzoyl Peroxide 2.5%, Clindamycin 1%, Silver Nitrate 0.03%, Fluticasone 1%)

Substitution:

- TX ACNE 2B (Niacinamide 5%, Urea 20%, Benzoyl Peroxide 2.5%, Silver Nitrate 0.03%, Fluticasone 1%, Clindamycin 1%)

Cash Substitution:

- DA-TX ACNE 2 (Clindamycin 1%, Urea 20%, Niacinamide 5%, Benzoyl Peroxide 2.5%, Triamcinolone Acetonide 0.025%, Silver Nitrate 0.03%)

Originally Prescribed:

- SCALP CARE-3 HAIR SOLUTION (Fluticasone 0.2%, Minoxidil 5%, Tretinoin 0.01%, Finasteride 0.2%)

Substitution:

- SCALP FOR HAIR SOLUTION MIN1%/FLUTO.2% (Minoxidil 1%, Fluticasone 0.2%, Tretinoin 0.01%, Finasteride 0.2%)
- SCALP FOR HAIR SOLUTION 02 (Fluticasone 0.2%, Minoxidil 1%, Tretinoin 0.01%)

Cash Substitution:

- DA-SCALP (Minoxidil 2%, Tretinoin 0.01%, Finasteride 0.2%)
- DA-Scalp No Finasteride (Minoxidil 2%, Tretinoin 0.01%)

Prescriber Initials

Date

Pharmacist Initials

Date

EXHIBIT A

Page 1 of 3

Pain Formulations

Originally Prescribed:

- BRP-3
- NCP-7B
- NCP-9
- GPI-2
- DERM-7
- QROXIN PAIN PATCH

Substitutions: (whichever is covered by the patient's insurance)

- Active Prep Kit III (Gabapentin 10%, Ketoprofen 20%, Lidocaine 2%)
- Active Ketoprofen 5% KIT
- Qroxin Patches
- Active Cyclobenzaprine 5% KIT
- Active Gabapentin 4% KIT
- ALT-1B (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)
- ALT-1B EMLA (Gabapentin 8%, Meloxicam 0.375%, Lidocaine 1.5%, Prilocaine 1.5%, Topiramate 2%, Amantadine 4%)
- Voltaren Gel
- GPI-1SPEC (Acetaminophen 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Cash Substitution:

- DGPI-SPEC (Diclofenac 10%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2%)

Scar Formulations

Originally Prescribed:

- SCAR GEL (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%, Prilocaine 3%, Gabapentin 15%)

Substitution:

- SCAR-SPEC WITH PAIN: (Betamethasone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%, Lidocaine 4%)

Cash Substitution:

- DA-SCAR WITH PAIN (Triamcinolone 0.05%, Pentoxifylline 0.5%, Ketotifen 0.05%, Lidocaine 4%)

Originally Prescribed:

- SCAR GEL NON-PAIN (Fluticasone Propionate 1%, Levocetirizine 2%, Pentoxifylline 0.5%)

Substitution:

- SCAR-SPEC (Betamethasone Acetate 0.05%, Levocetirizine 1%, Pentoxifylline 1%)

Cash Substitution:

- DA-SCAR (Triamcinolone 0.05%, Pentoxifylline 0.5%, Ketotifen 0.05%)

Prescriber Initials

Date

Pharmacist Initials

Date

Therapeutic Interchange Authorization

Authority

As a provider who holds an active license to practice medicine as authorized by the appropriate state medical board, I, _____, State License Number: _____ ("Prescriber"), authorize the pharmacist-in-charge ("PIC") of OmniPlus Pharmacy, or other pharmacists working under the supervisions of the PIC, all of whom are duly licensed by the Texas State Board of Pharmacy (each a "Pharmacist"), to manage and/or treat patients under my care pursuant to this written order from me (this "Authorization")

Scope of Authorization

Under receipt of this executed order, Pharmacist will have the authority to modify a patient's prescription ordered by the Prescriber, when reasonable cause for a medication change is substantiated. In managing and/or treating patients, Pharmacist may modify transdermal pain cream therapy, transdermal scar treatment therapy and nutritional supplements therapy as described on the attached Exhibit A.

In addition, in the event the originally-ordered quantity of the prescribed medication is not covered by the patient's insurance due to such quantity exceeding patient's insurance plan limitations, Pharmacist may change such originally-prescribed quantity to an adequate lesser quantity as approved by the patient's insurance.

Documentation

The patient's pharmaceutical care record will contain a notation of this change. That documentation will include, at a minimum, the reason for the encounter, prescription changes and all necessary patient demographic information.

Record Retention

Each signatory to this Authorization shall keep a signed copy of this document on file at their primary place of practice. Additionally, the records maintained in the pharmaceutical care record shall be kept by Pharmacist and be available for at least two (2) years from the date of such record. Pharmacist shall report back to Prescriber any specific decisions made during the course of disease state management by means of electronic mail, hand-delivered mail, or fax the patient's clinical medical record.

Review and Duration

This Authorization may be reviewed and revised at any time at the time of request of any signatories.

Rescindment or Alteration of Agreement

A signatory may rescind from this Authorization or a patient may withdraw from treatment under at any time. Prescriber may override this Authorization whenever he or she deems such action necessary or appropriate for a specific patient without affecting any authorization relative to other patients.

Term

This Authorization includes patients currently under the care of Prescriber and extends for a period of one (1) year from this date unless rescinded earlier in writing.

IN WITNESS WHEREOF, this Authorization has been signed by the parties hereto as of the date indicated below.

Pharmacist:

By: _____

Print Name: _____

Date: _____

Prescriber:

By: _____

Print Name: _____

Date: _____

Practice Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

Patient		DOB	
Home Phone		Cell Phone	
Address			
City		State	Zip
Allergies			
Diag.			

Insurance info		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

PAIN-TRANSDERMAL

Any added controlled substances must be hand-written.

☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen 20%
 Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2.5%

Add:

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen 2%
 Cyclobenzaprine 2%
 Gabapentin 6%
 Lidocaine 2%
 Diclofenac 3%

Add:

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen 20%
 Cyclobenzaprine 2%
 Baclofen 2%

Add:

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **DERM-7: Plantar Fasciitis**

Diclofenac 5%
 Baclofen 2%
 Fluticasone 1%
 Lidocaine 2%
 Verapamil 10%

Add:

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

INSOMNIA☐ **KP-1: Insomnia**

Melatonin 3mg
 Methylcobalamin 5mg
 Acetylcysteine 125mg
 Glutathione 50mg
 Diphenhydramine 20mg
 5-HTP 150mg

Qty: ☐ 30 capsules

SIG: ☐ Take 1 capsule by mouth once daily at bedtime

Refills: _____

PAIN-PATCH☐ **QROXIN Pain Patch**

Menthol 5%
 Capsaicin 0.0375%

Qty: ☐ 30 count
☐ 60 count
☐ _____

SIG: Apply 1 patch to affected area 1-2 times daily as needed. If applicable, alternate cream with patch as directed by your physician.

Refills: _____

SCAR☐ **Scar**

Fluticasone 1%
 Levocetirizine 2%
 Pentoxifylline 0.5%
☐ **For painful scars, add:**
 Prilocaine 3%
 Gabapentin 15%

☐ **For elasticity, add:**
 Hyaluronic Acid 0.2%
 Vitamin D3 0.05%
 Vitamin C 5%
 Estradiol 0.1%

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

DERMATOLOGICAL/ACNE☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone 1%
 Fluconazole 2%
 Pentoxifylline 0.5%
 Lidocaine 2%
 Hydroxyzine 2%

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **DERM-5: Contact Dermatitis / Eczema**

Fluticasone 1%
 Methylcobalamin .. 0.07%
 Coenzyme Q10 4%

☐ **Contact Dermatitis with pain, add:**
 Lidocaine 2%
 Hydroxyzine 2%

Qty: ☐ 300gm ☐ _____
 SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **TX ACNE #3B (Topical)**

Erythromycin 2%
 Niacinamide 5%
 Clindamycin 1%
 Urea 20%
 Benzoyl Peroxide 2.5%
 Fluticasone 1%
 Silver Nitrate 0.03%
 Tea Tree Oil 3%

Qty: 120gm
 SIG: Apply 1-2 pumps (1 Pump = 1.5 gm) 3-4 times a day as instructed.

Refills: _____

SPECIALTY☐ **MGL-1A: Migraine**

Topiramate 5%
 Baclofen 2%
 Cyclobenzaprine 2%
 Lidocaine 5%
 Flurbiprofen 10%
 Apomorphine 0.2%

Qty: ☐ 300gm
☐ _____

SIG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm

Refills: _____

☐ **SCALP CARE - 3 Hair Solution**

Fluticasone 0.2%
 Finasteride 0.2%
 Minoxidil 5%
 Tretinoin01%

☐ **For women:**
 (No Finasteride)

Qty: ☐ 120ml
☐ _____
 SIG: Apply up to 2mLs to scalp 2 times a day

Refills: _____

METABOLIC SUPPLEMENTS☐ **MS-2: General Wellness**

MS-21: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg

SIG: Take 1 capsule by mouth twice daily
 Qty: 60 capsules Refills: _____

MS-22: Coenzyme Q10 100mg, Alpha Lipoic Acid 250mg, N-Acetylcysteine 250mg, Vit D3 1,000IU

SIG: Take 2 capsules by mouth once daily
 Qty: 60 capsules Refills: _____

☐ **MS-8: Nutritional Supplements**

MS-81: Methylcobalamin 20mg, Pyridoxal-5-Phosphate 70mg, 5-MTHF 10mg, Resveratrol 100mg, Piperine 10mg

SIG: Take 1 capsule by mouth twice daily
 Qty: 60 capsules Refills: _____

MS-82: Coenzyme Q10 100mg, Alpha Lipoic Acid 125mg, N-Acetylcysteine 250mg, Vit D3 1,000IU, Resveratrol 100mg, Piperine 10mg

SIG: Take 1 capsule by mouth twice daily
 Qty: 60 capsules Refills: _____

☐ **KP-71: Bone Health**

Vitamin D3 20mg
 Magnesium Oxide 400mg
 Zinc Gluconate 69.6mg
 Boron 1mg
 Copper Gluconate 7.14mg
 Betaine 25mg
 Coenzyme Q10 100mg
 5-MTHF 5mg

SIG: Take 1 capsule by mouth once daily or as directed

Qty: 30 capsules Refills: _____

DIET SUPPLEMENT☐ **ADP-6**

Methylcobalamin 20mg
 Coenzyme Q10 75mg
 5-HTP 100mg
 Acidophilus 100mg
 Bupropion 50mg
 Psyllium Husk 100mg

SIG: Take 1 capsule in the morning as directed

Qty: 30 capsules Refills: _____

☐ **Other**

Prescriber Name: _____ NPI #: _____

Lic. #: _____ DEA#: _____ Phone #: _____ Fax#: _____

Address: _____

Signature (Note: Manual Signature Required for CS): _____ Date: _____